

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

JAN 21 1936

42152

1. PLACE OF DEATH

County Shannon
Township Emmeel
City Emmeel (No.)

Registration District No. 824
Primary Registration District No. 6076

File No.
Registered No.
St. Ward

2. FULL NAME

Margaret Evaline Thomas

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 31 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 3 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prof
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Archib Burns

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Sarah Skidmore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs. J. J. Woods

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Chapel DATE 12-4-1935

19. UNDERTAKER (ADDRESS)

20. FILED 12-3-1935 Frank Hadorn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 - 1935 to Dec 3 - 1935

I last saw him alive on Dec 1 - 1935 Death is said

to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Cancer of Liver

Other contributory causes of importance: NO

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank Hadorn, M. D.

(Address) Emmeel Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

